

PLAINTIFF

JAHMAL WILLIAMS

DEFENDANT

John Doe, Warden

COURT CASE NUMBER

21-cv-640

TYPE OF PROCESS

Civil  
Summary Complaint

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Warden at CFCF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

7901 State Road, Phila. Pa. 19136

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

JAHMAL WILLIAMS  
8201 State Rd.  
Phila. Pa. 19136

Number of process to be served with this Form 285

5

Number of parties to be served in this case

5

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Name of Warden unkown, address is place of employment CFCF

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF

TELEPHONE NUMBER

DATE

11/15/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process  
1

District of Origin  
No. 66

District to Serve  
No. 66

Signature of Authorized USMS Deputy or Clerk

Date

12/9/2021

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Joshua Fressner Esq. Law Dept. City of Phila

Date  
12/10/21

Time  
2:33

am  
 pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

REMARKS

City of Phila. Law Dept. Can't  
accept Service for John Does

RECEIVED  
UNITED STATES MARSHAL  
EASTERN DISTRICT OF  
PENNSYLVANIA

2021 DEC -8 PM 1:46

RECEIVED  
UNITED STATES MARSHAL  
EASTERN DISTRICT OF  
PENNSYLVANIA

PLAINTIFF		COURT CASE NUMBER			
<b>JAHMAL WILLIAMS</b>		<b>21 CV 640</b>			
DEFENDANT		TYPE OF PROCESS			
<b>Jane Doe, Superintendent</b>		<b>Civil complaint Summons (USM-285)</b>			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN					
SERVE { <b>Jane Doe, Superintendent of CFCE</b>		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
AT <b>7901 State Rd, Phila. Pa. 19136</b>					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					
<b>JAHMAL WILLIAMS</b> <b>8201 State Road PP# 939103</b> <b>Phila. Pa. 19136</b>					
		Number of process to be served with this Form 285 <b>5</b>			
		Number of parties to be served in this case <b>5</b>			
		Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  <b>Name of Superintendent For Institution Unknown - address is workplace</b>					
Signature of Attorney other Originator requesting service on behalf of:  <i>J. L.</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER		
		DATE <b>11/15/2021</b>			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)		Total Process <b>1</b>	District of Origin No. <b>6b</b>	Signature of Authorized USMS Deputy or Clerk  <i>M. Hershley</i>	
		District to Serve No. <b>6b</b>		Date <b>12/9/2021</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)  <i>Joshua Feissner Esq Law Dept. City of Phila.</i>				Date <b>12/10/21</b>	Time <b>2:33</b> <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS  <i>City of Phila. can't accept service for John Does.</i>					
<i>Plaintiff listed "Jane Doe, Superintendent of CFCE" on USM 285</i>					
<i>Summons has it listed as John Doe (superintendent)</i>					
<b>RECEIVED UNITED STATES MARSHAL EASTERN DISTRICT OF PENNSYLVANIA 12/10/2021 PM 1:46</b>					

PLAINTIFF <u>JAHMAL S. WILLIAMS</u>		COURT CASE NUMBER <u>21 CV 640</u>			
DEFENDANT <u>OFFICER SISTER</u>		TYPE OF PROCESS <u>Complaint 1483 5/c</u>			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE</b> <u>Curran-Fromhold Correctional Facility</u> <b>AT</b> <u>7901 State Road, Phila. Pa. 19136</u>					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>JAHMAL WILLIAMS 8201 State Rd. phila. Pa. 19136</u>		Number of process to be served with this Form 285 <u>25</u>			
		Number of parties to be served in this case <u>95</u>			
		Check for service on U.S.A. <input checked="" type="checkbox"/>			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>Known address = Place of employment</u>					
Signature of Attorney other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>66</u>	District to Serve No. <u>66</u>	Signature of Authorized USMS Deputy or Clerk <u>M. Shulinsky</u>	Date <u>12/9/2021</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <u>Marie Reid Law Dept. City of Phila.</u>		Date <u>12/10/21</u>		Time <u>11:13</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <u>AB</u>	
Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors) <u> </u>	Forwarding Fee <u> </u>	Total Charges <u> </u>	Advance Deposits <u> </u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <u> </u>
REMARKS <u>Process accepted via Electronic Service</u>					
United States Marshals Service RECEIVED					
NOV 1 0 2021					
Eastern District of Pennsylvania					

PLAINTIFF <b>JAHMAL WILLIAMS</b>		COURT CASE NUMBER <b>21 CV 640</b>			
DEFENDANT Prison <b>Commissioner - Carney</b>		TYPE OF PROCESS <b>Summons   Complaint</b>			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>City of Philadelphia</b>					
SERVE { AT <b>515 Arch St Phila PA 19102</b>		ADDRESS (Street or RFD, Apartment No, City, State and ZIP Code)			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>JAHMAL WILLIAMS 8201 State Road Phila. Pa. 19136</b>		Number of process to be served with this Form 285 <b>2 5</b>			
		Number of parties to be served in this case <b>2 5</b>			
		Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <b>Place of employment</b>					
Signature of Attorney other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER		
		<input type="checkbox"/> DEFENDANT	DATE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>6</b>	District to Serve No. <b>6</b>	Signature of Authorized USMS Deputy or Clerk <b>M Shersky</b>	Date <b>12/10/2021</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <b>Marci Reid - Law Dept City of Phila.</b>		Date <b>12-10-21</b>		Time <b>11:13</b>	
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <b>D. Shersky</b>	
Service Fee <b>65.00</b>	Total Mileage Charges (including endeavors) <b> </b>	Forwarding Fee <b> </b>	Total Charges <b> </b>	Advance Deposits <b> </b>	Amount owed to U.S. Marshal* or (Amount of Refund*) <b> </b>

REMARKS

*Process accepted via Electronic Service*

United States Marshals Service  
RECEIVED

NOV 10 2021

Eastern District of Pennsylvania

PLAINTIFF <b>JANMAL WILLIAMS</b>	COURT CASE NUMBER <b>21cv640</b>
DEFENDANT <b>CITY OF PHILADELPHIA</b>	TYPE OF PROCESS <b>CIVIL suit</b>

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**CITY OF PHILADELPHIA**  
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**1515 Arch St. Phila PA 19102**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>5</b>
<b>JANMAL WILLIAMS PP# 8201 STATE Rd 939103 Phila, Pa. 19136</b>	Number of parties to be served in this case <b>5</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  
**Address unknown for service upon City of Philadelphia**

Signature of Attorney other Originator requesting service on behalf of: <b>CB</b>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE <b>11/15/2021</b>
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk <b>M Shelsky</b>	Date <b>12/9/2021</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>Marli Reid - Law Dept - City of Phila</b>	Date <b>12/10/21</b>	Time <b>11:13</b>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <b>CB</b>
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Service Fee <b>\$65.00</b>	Total Mileage Charges (including endeavors) <b>✓</b>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

**Process accepted via Electronic Service**

RECEIVED  
UNITED STATES MARSHAL  
2021 DEC -8 PM 1:46  
EASTERN DISTRICT OF  
PENNSYLVANIA